



DEPARTMENT OF LABOR
Occupational Safety and Health Administration

Public reporting burden for this collection of information is voluntary and is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO. 1218-0172
Expires xx-xx-2023

COURSE DATA

1. (a) Course Number and Title
(b) Scheduled Offering ID
2. Course Dates (MM/DD/YY)
Start Date: \_\_\_ / \_\_\_ / \_\_\_ End Date: \_\_\_ / \_\_\_ / \_\_\_

PERSONAL DATA

3. Student Legal Name
4. (a) Job Title

First M.I. Last
(b) Job Specialization
Safety Health Whistleblower Investigator
Other

5. Work Phone 6. Mobile Phone

7. Work Email

ORGANIZATION DATA

8. Organization Name

9. Street Address

10. City
11. State Country
12. ZIP Code
13.

**SUPERVISOR DATA**

14. Supervisor Legal Name

---

15.  
Supervi  
sor  
Mobile  
Phone

\_\_\_\_\_  
First M.I. Last

16. Work Email

---

17. Hotel Name and Location

---

**STUDENT GROUP**

(Complete this section by making a single selection from only one of the following group sections #19 - #22)

18. FEDERAL OSHA	(a) Region	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
	(b) National Office	DOC <input type="checkbox"/>	DEP <input type="checkbox"/>	DSG <input type="checkbox"/>	DCSP <input type="checkbox"/>	DTSEM <input type="checkbox"/>	DEA <input type="checkbox"/>	DAP <input type="checkbox"/>	DWPP <input type="checkbox"/>	DTE <input type="checkbox"/>	OTHER <input type="checkbox"/>
19. STATE OSHA PROGRAM	<input type="checkbox"/> (1) Enforcement <input type="checkbox"/> (2) Consultation										
20. OTHER GOVERNMENT AGENCY	<input type="checkbox"/> a. Federal <input type="checkbox"/> b. State <input type="checkbox"/> c. Local <input type="checkbox"/> d. International										
21. PRIVATE SECTOR	<input type="checkbox"/> a. Employer Representative					<input type="checkbox"/> c. Government Contractor Employee					
	<input type="checkbox"/> b. Employee Representative					<input type="checkbox"/> d. International					

(Previous editions are obsolete)

OSHA FORM 182

**Instructions for State OSHA Training Coordinators, Other Government Agency, and Private Sector Students**

State OSHA Training Coordinators are required to use this form to register students in Learning Link. Complete the Student Data Form and submit it to the OSHA Training Institute (OT) Student Services at [OTI.Registration@dol.gov](mailto:OTI.Registration@dol.gov). Other Government Agency (other than federal and state OSHA) and private sector students requesting enrollment in OTI courses, seminars, etc. must complete the Student Data form and submit it to OTI Student Services at [OTI.Registration@dol.gov](mailto:OTI.Registration@dol.gov). PLEASE NOTE: State OSHA Training Coordinators do not need to complete Items 1 through 3.

**Item 1a Course Number and Title**  
List the complete course number and full title.

**Item 2 Course Dates**  
Enter the start and end dates of the course

**Item 1b Scheduled Offering ID**  
Enter the Scheduled Offering ID which can be located in the online catalog.

**Item 3 Student Legal Name**  
Enter the student's legal first name, middle

name or initial and last name as it appears on their birth certificate.

**Item 4a**      **Job Title**

Enter the student's official Job Title.

**Item 4b**      **Job Specialization**

Place an "x" in the box to indicate the appropriate job specialization.

**Item 5** **Work Phone**

Enter the student's work phone number.

**Item 6** **Mobile Phone**

Enter the student's cell phone number.

**Item 7** **Work Email**

Enter the student's official work email address.

**Item 8** **Organization Name**

Provide the name of the organization for which the student works. NOTE: State OSHA should type either (state name) Enforcement or (state name) Consultation.

**Item 9** **Street Address**

Provide the street address where student works.

**Item 10**      **City**

Provide the name of the city where student works.

**Item 11**      **State**

Provide the state where student works.

**Item 12**      **Zip Code**

Provide the zip code where student works.

**Item 13**      **Country**

For international students, enter the country where the student works.

**Item 14**      **Supervisor Legal Name**

Enter the supervisor's legal first name, middle name or initial and last name as it appears on their birth certificate.

**Item 15**      **Supervisor's Mobile Number**

Enter the supervisor's mobile number.

**Item 16**      **Work Email**

Enter the supervisor's work email.

**Item 17**      **Hotel Name and Location**

Enter the name and location of your hotel.

**Items 18 through 21 - Student Group**

Select only one student group.

**Item 18** **Federal OSHA**

If student works for federal OSHA, place an "x" in the box for the appropriate OSHA Region or National Office Directorates.

**Item 19**      **State OSHA Program**

If student works for a state OSHA program, place an "x" in the box for the appropriate program, either Enforcement or Consultation.

**Item 20**      **Other Government Agency**

If student works for another government agency, place an "x" in the appropriate box for either Federal, State, Local, or International agency.

**Item 21**      **Private Sector**

If student works for the private sector, place an "x" in the appropriate box for Employer Representative, Employee Representative, Government Contractor, or International Corporation.